PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10720461

												
		CLAIMS A	S FILED - PART ((Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			10		-			RATE	FEE]	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA		1	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			(0 minus 20=		. 0]	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			(minus 3 =		. 0			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT				1	4.45			.000	
* If the difference in column 1 is			less than ze	ero, enter	*0" in c	column 2	, l	+145=	201	OR	+290=	
CLAIMS AS AMENDED - PART II								TOTAL	385	OR	OTHER	THAN
9-19-04 (Column 1)			(Column 2)			(Column 3)	<u></u>	SMALL	ENTITY	OR	SMALL	1
AMENDMENTA .		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE /		RATE	ADDI- TIONAL FEE
MON	Total	· 8	Minus	** 0	26	=		X\$ 9=	/	OR	X\$18=	
AME	Independent	•	Minus	***	3	= /	1	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM	/	┚┟	+145=	,	OR	+290=	
							L	TOTAL			TOTAL	
			NODIT. FEE		1011	ADDIT. FEE						
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colun HIGH NUME PREVIO PAID	EST BER BUSLY	PRESENT EXTRA	֓֞֜֞֞֜֞֜֞֜֞֜֞֜֝֡֡֡֡֡֓֞֩֞֩֓֡֓֡֓֡֡֡֡֡	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	shirth .		=] [X\$ 9=		OR	X\$18=	
ME	independent	•	Minus	***		e .] [X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM	<u> </u>	┚┞	+145=			+290=	
					•		L	TOTAL		OR	TOTAL	
		(Column 1)	٠.	(Cal. :-	nn 21	(Caluma 2)		DDIT. FEE l		OR ,	ADDIT. FEE	
AMENDMENT C	\ .	CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGH! NUME PREVIO PAID F	EST BER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
9	Total	•.	Minus	**		=	JГ	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X43=		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.										+290= TOTAL		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
		ber Previously Paid					er foun	nd in the app	ropriate box	in cot	umn 1.	